

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ASHWABAY HOUSE (THE) (0009535)

Address: 7310 ASHWABAY LANE, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 08/01/2002

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0095169 **End Date:** 07/05/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093123 **End Date:** 07/28/2004 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008026 Served 08/18/2004

Deficiencies Cited

83.11(3)(a)

83.14(1)(d)

83.21(4)(p)

83.32(2)(a)

Subject Area

RESPONSIBILITIES

FIRE SAFETY, FIRST AID & CHOKING

PROMPT AND ADEQUATE TREATMENT

INDIVIDUALIZED SERVICE PLAN-SCOPE

Compliance

Verified

Corrected

Survey ID: 0093587 **End Date:** 07/21/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008072 Served 11/17/2004

Deficiencies Cited

83.19(3)(f)

Subject Area

ACCIDENT RESULTS IN HOSPITALIZATION

Compliance

Verified

Corrected

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Provider Inspection Summary

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Survey ID: 0091516 End Date: 11/12/2003 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007900 Served 11/17/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		

Survey ID: 0090716 End Date: 07/16/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007863 Served 08/06/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	07/21/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(3)(e)2.b	INJECTIONS	07/21/2004	Yes

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 11/10/2004 **SOD #10008072** **Appealed: Yes** **Decision: DISMISSED**

Sanctions

FORFEITURE---83.19(3)(f)

Date: 08/13/2004 **SOD #10008026** **Appealed: Yes** **Decision: HEARING--DEPT DECISION UPHELD**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d)

FORFEITURE---83.19(3)(e)

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

Date: 11/14/2003 **SOD #10007900** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

FORFEITURE---83.11(3)(a)

Date: 08/05/2003 **SOD #10007863** **Appealed: Yes** **Decision: STIPULATION**

Sanctions

PROVIDE TRAINING

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(3)(e)2.b

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 10/28/2004

Date Investigation Completed: 07/05/2005

Subject Area(s)

ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
QUALITY OF LIFE
OTHER

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 06/18/2004

Date Investigation Completed: 07/29/2004

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE
RESTRAINTS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

10008026
10008026

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